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SOUTH CAROLINA WIC PROGRAM

MEDICAL DOCUMENTATION FOR WIC SPECIAL FORMULA AND APPROVED WIC FOODS FOR INFANTS, CHILDREN AND WOMEN

Participant's Name: _____ Date-of-Birth: _____

Parent/Caregiver's First and Last Name: _____

Prescription is subject to WIC approval and provision based on Program policy and procedure.

Indicate qualifying medical diagnosis(es) (including ICD-9 code) to justify request for special formula:

- ☐ Inadequate growth (783.4)
- ☐ Failure to thrive (783.41)
- ☐ Prematurity and/or low birth weight (765.1)
- ☐ Nutrient deficiency (269.9)
- ☐ Cerebral palsy (343.9)
- ☐ Allergy to milk products (V15.02)
- ☐ Soy or corn allergy (dermatology d/t food ingestion) (693.1)
- ☐ Other medical diagnosis_____ (ICD-9 _____)
- ☐ Heart/circulatory (390-459), specify_____
- ☐ Lactose or sucrose intolerance (271.3)
- ☐ Gastroesophageal reflux (530.81)
- ☐ Malabsorption syndromes (579.9)
- ☐ Developmental sensory/motor delays (783.4)

WIC special formula requested: _____

Prescribed amount per day: ☐ maximum allowed - OR- ☐ _____oz/day

_____

Special instructions/comments:_____

Length-of-use: ☐ 1 month ☐ 3 months ☐ 6 months ☐ Other_____

WIC supplemental foods: (Must be completed for ages 6 months and older)

☐ Issue maximum allowed of age appropriate WIC supplemental foods

☐ No WIC supplemental foods: provide formula only

☐ Restrictions (Issue WIC supplemental foods, except for foods checked below)

Infants (6-11 months): ☐ **no** infant cereal ☐ **no** infant vegetable or fruit

Children & Women: ☐ **no** milk ☐ **no** cheese ☐ **no** breakfast cereal ☐ **no** whole wheat bread/substitute

☐ **no** juice ☐ **no** fruits & vegetables ☐ **no** beans ☐ **no** peanut butter ☐ **no** eggs

☐ **no** fish (fully breastfeeding women only)

Soy-based milk:

☐ Issue WIC – approved soy beverage as a milk and cheese substitute.

Diagnosis (required for children): ☐ Milk Allergy ☐ Severe lactose maldigestion ☐ Vegan ☐ Other_____

Medical documentation valid for: ☐ 6 mo. ☐ 12 mo. ☐ Other _____

(Personal preference is not an allowed reason)

_____ _____
Physician's/Advanced Practice Registered Nurse's Signature Date

_____
Provider's Printed Name (or place stamp here)

_____
Medical Office/Clinic Telephone Number

_____
Street City, State, Zip Code

"WIC USE ONLY"

MCI # _____

Name _____

DOB _____

Maximum amounts of Supplemental Foods

Children	Pregnant or Partially Breastfeeding Women	Fully Breastfeeding Women	Non Breastfeeding Post-partum Women
910 fl. oz reconstituted formula	910 fl. oz reconstituted formula	910 fl. oz reconstituted formula	910 fl. oz reconstituted formula
16 quarts milk (1 lb cheese may be substituted for 3 qts)	22 quarts milk (1 lb cheese may be substituted for 3 qts)	24 quarts milk **and** 1 lb of cheese	16 quarts milk (1 lb cheese may be substituted for 3 qts)
1 dozen eggs	1 dozen eggs	2 dozen eggs	1 dozen eggs
36 oz cereal	36 oz cereal	36 oz cereal	36 oz cereal
2 lb whole wheat bread or substitute	1 lb whole wheat bread or substitute	1 lb whole wheat bread or substitute	N/A
18 oz peanut butter **OR** 1 lb dried peas/beans	18 oz peanut butter **AND** 1 lb dried peas/beans	18 oz peanut butter **AND** 1 lb dried peas/beans	18 oz peanut butter **OR** 1 lb dried peas/beans
2 – 64 oz juice containers	3 –11.5-12 oz frozen juice	3 –11.5-12 oz frozen juice	2–11.5-12 oz frozen juice
$6.00 Cash Value Voucher for fruit and vegetables	$10.00 Cash Value Voucher for fruit and vegetables	$10.00 Cash Value Voucher for fruit and vegetables	$10.00 Cash Value Voucher for fruit and vegetables
N/A	N/A	30 ounces canned fish	N/A

Formula	Infants 0-3 months*	Infants 4-5 months*	Infants greater than 6 months *
Concentrate - re-constituted	806 fluid ounces	884 fluid ounces	624 fluid ounces
Foods	N/A	N/A	32 – 4 oz jars infant foods 24 oz infant cereal

*Formula quantities provided are less if the infant is breastfed

South Carolina WIC Program
Medical Documentation for WIC Approved Special Formula and WIC Approved Foods for Infants, Children and Women
(Instructions for Completion)

PURPOSE: To use when issuing a prescription for WIC approved special formula and WIC approved foods.
EXPLANATION AND DEFINITION: This form is completed by the physician or the advanced practice registered nurse for WIC participants with special dietary needs.
ITEM-BY-ITEM INSTRUCTIONS:
PARTICIPANT'S NAME: Enter name of the participant.
DATE-OF-BIRTH: Enter participant's birth date.
PARENT/CAREGIVER'S FIRST AND LAST NAME(S): Enter the parent or caregiver's first and last name(s).
QUALIFYING MEDICAL DIAGNOSIS(ES): Place a check (✓) beside one or more of the described medical conditions, or check (✓) "other" and enter the medical diagnosis and ICD-9 code. **(Note: Symptons such as spitting up, milk/formula intolerance, picky eater, constipation, cramps, fussiness, or gas are not considered acceptable medical diagnoses and will not be approved by WIC for issuance of an special formula.)**
WIC SPECIAL FORMULA REQUESTED: Enter requested WIC special formula.
PRESCRIBED AMOUNT PER DAY: Check "maximum amount" or enter prescribed amount per day.
SPECIAL INSTRUCTIONS/COMMENTS: Enter any special instructions or comments.
LENGTH-OF-USE: Place a check (✓) beside the time period for which the prescription is valid.
(Special formula not to exceed 6 months. Exception: Metabolic formula prescription not to exceed 1 year)
SUPPLEMENTAL FOODS: Select option for supplemental foods or select foods not allowed.
SOY MILK AND DIAGNOSIS: Check if prescribing soy beverage as a substitute for milk. Select diagnosis.
MEDICAL DOCUMENTATION: Place a check (✓) beside the time period for which the prescription is valid.
PHYSICIAN'S OR ADVANCED PRACTICE REGISTERED NURSE'S SIGNATURE: Enter signature.
DATE: Enter the date the prescription is being issued.
PROVIDER'S NAME: Enter printed name of physician or advanced practice registered nurse. May stamp contact information .
MEDICAL OFFICE/CLINIC: Enter medical office or clinic's name.
TELEPHONE NUMBER: Enter telephone number.
STREET, CITY, STATE AND ZIP CODE: Enter address of medical office of clinic.

OFFICE MECHANICS AND FILING: This form should be filed in the participant's WIC record, with like forms together in chronological order, most recent on top.